

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Wellcare Health Plans, Inc. Good Government Fund

ADDRESS (number and street) 8725 Henderson Road
Ren One - 3rd floor
 Check if different than previously reported. (ACC)
tampa FL 33634

2. **FEC IDENTIFICATION NUMBER** C00390575
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer david smith

Signature of Treasurer Electronically Filed by david smith Date 05 01 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2684.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	2684.73									
(c) Total Receipts (from Line 19)	34225.00	34225.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36909.73	36909.73								
7. Total Disbursements (from Line 31)	5000.00	5000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31909.73	31909.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30600.00	30600.00
(i) Itemized (use Schedule A)	3625.00	3625.00
(ii) Unitemized	34225.00	34225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34225.00	34225.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34225.00	34225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34225.00	34225.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5000.00	5000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34225.00	34225.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34225.00	34225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. james beermann Mailing Address 4709 Windflower Cir City Tampa State FL Zip Code 33624 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.4487 Amount of Each Receipt this Period 500.00
Name of Employer WellCare Health Plans, Inc. Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. paul behrens Mailing Address 9401 woodbay dr City tampa State FL Zip Code 33626 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4444 Amount of Each Receipt this Period 3000.00
Name of Employer wellcare Occupation manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. thaddeus m bereday Mailing Address 712 s newport ave City tampa State FL Zip Code 33606 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.4442 Amount of Each Receipt this Period 3000.00
Name of Employer comprehensive health managemen Occupation manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. gary brown		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 3065 fermanagh dr		Transaction ID: SA11A1.4465	
City State Zip Code tallahassee FL 32309	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. alec cunningham		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 8725 Henderson Rd		Transaction ID: SA11A1.4445	
City State Zip Code Tampa FL 33634	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WellCare Health Plans, In- c.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. david erickson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 4640 Ayrton Terrace		Transaction ID: SA11A1.4507	
City State Zip Code Palm Harbor FL 34685	Amount of Each Receipt this Period 1800.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WellCare Health Plans, In- c.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. todd farha		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 345 bayshore blvd		Transaction ID: SA11A1.4447	
City State Zip Code tampa FL 33606	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) B. nancy gareau		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 5004 Bridgeway Ln		Transaction ID: SA11A1.4466	
City State Zip Code Lutz FL 33558	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WellCare Health Plans, In- c.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. ace hodgin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 4933 Turtle Creek Trl		Transaction ID: SA11A1.4448	
City State Zip Code Oldsmar FL 34677	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WellCare Health Plans, In- c.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. sara horning		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 546 17th Ave NE		Transaction ID: SA11A1.4498	
City State Zip Code St. Petersburg FL 33704	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. richard keller		Date of Receipt M M / D D / Y Y Y Y Y 02 / 15 / 2006	
Mailing Address 381 E Mountain Rd. N		Transaction ID: SA11A1.4451	
City State Zip Code Cold Spring NY 10516	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. vijay kotte		Date of Receipt M M / D D / Y Y Y Y Y 02 / 08 / 2006	
Mailing Address 700 S. Harbour Island Blvd, 846		Transaction ID: SA11A1.4469	
City State Zip Code Tampa FL 33602	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. kathy longworth-gentry		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 21031 slab bridge road		Transaction ID: SA11A1.4443	
City freeland	State MD	Zip Code 21053	Amount of Each Receipt this Period 1800.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) B. cheryl lulias		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 1456 West Norwood		Transaction ID: SA11A1.4489	
City Chicago	State IL	Zip Code 60660	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. mary mitchum		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6	
Mailing Address 18653 Santa Maria Drive		Transaction ID: SA11A1.4522	
City Baton Rouge	State LA	Zip Code 70809	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3700.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. esther morales		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 328 S. Stewart Ave		Transaction ID: SA11A1.4437	
City State Zip Code Lombard IL 60148	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. sharon nisbett		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 2635 cedar view ct		Transaction ID: SA11A1.4481	
City State Zip Code clearwater FL 33761	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. daniel parietti		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 499 broadway apt 8d		Transaction ID: SA11A1.4497	
City State Zip Code white plains NY 10603	Amount of Each Receipt this Period 1800.00		
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

SUBTOTAL of Receipts This Page (optional) ▶	2550.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. anthony pelezo		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 141 S. Meridian St Ste 403		Transaction ID: SA11A1.4482	
City Indianapolis	State IN	Zip Code 46225	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. jeffrey potter		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 401 harbour pl dr 1127		Transaction ID: SA11A1.4484	
City tampa	State FL	Zip Code 33602	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. heather scalia		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 784 Lindsey Lane		Transaction ID: SA11A1.4509	
City Bolingbrook	State IL	Zip Code 60440	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 14	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
john sirera

Mailing Address 12203 rebeccas run drive

City State Zip Code
winter garden FL 34787

FEC ID number of contributing federal political committee. **C**

Name of Employer wellcare Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	6

Transaction ID: SA11A1.4450

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	30600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. SANTORUM 2006 INC		Transaction ID: SB23.4529																					
Mailing Address ONE TOWER BRIDGE SUITE 1440		Date of Disbursement																					
City WEST CONSHOHOCKEN State PA Zip Code 19428		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	6	/	2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name RICHARD J SANTORUM		<table border="1"> <tr> <td colspan="2">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: PA District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00